

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **09/733,611**  
APPLICANT(S)

FILED DATE

CLAIMS						
5-10-04		12-15-04		AFTER THIS AMENDMENT		
NO	DEF	NO	DEF	NO	DEF	
1	/	/				
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	/	/	/			
13	/	/	/			
14	/	/	/			
15	/	/	/			
16	/	/	/			
17	/		/			
18	/	/	/			
19	/	/	/			
20	/	/	/			
21	/	/	/			
22	/	/	/			
23	/	/	/			
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25	/	/	/			
26	/		/			
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35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/	/	/			
40	/	/	/			
41	/	/	/			
42	/	/	/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/	/	/			
TOTAL NO.		TOTAL DEF.		TOTAL CLAIMS		
3		3		3		
35		32		33		
38		35		35		